

Survivorship in the community oncology practice

In this issue of COMMUNITY ONCOLOGY, we have a focus on cancer survivorship. While oncologists are knowledgeable of the need for survivorship programs to enhance quality of care along the patient care continuum, the processes of implementation of survivorship programs outside of larger organizational systems of care delivery has been limited.

For those community oncologists outside of larger care delivery systems, there is a need for tools and processes to facilitate survivorship care planning. We discuss some of those issues in this month's issue. Jennifer Klemp has done tremendous work with survivorship care training to prepare practitioners to deliver focused survivorship care. She does this by using educational videos and tools to provide education around the needs of the cancer survivor (see p. 266). In addition, there is an article out of my group in Texas Oncology discussing the practical steps of implementing a survivorship care program in a community practice (p. 272). We discuss key steps in implementation and highlight several free and publicly available tools to assist oncologists in the process of providing survivorship care.

I contemplate often how we think about quality of care in oncology, and how we measure it.

Donabedian has guided us in this endeavor to consider quality of care under the framework of structure, process, and then outcome (Milbank Mem Fund Q 1966;44,166-206). Oncologists have been given guidance on structural aspects of quality – survivorship programs, improvements in palliative care, the American Society on Clinical Oncology's Quality Oncology Practice Initiative metrics – but guidance around the process of implementation in care delivery and then the true outcomes that follow is limited.

Oncologists will need more help with process if we strive to improve care in meaningful ways surrounding implementation of quality initiatives. Processes will need to be efficient and effective so they can contribute to sustainable business solutions while having the primary goal of improving patient care. Then, with any luck, when we measure outcomes, they will be meaningful measures of effect and could be partnered with reimbursement strategies that facilitate quality care delivery.



A handwritten signature in black ink that reads "Debra A. Patt". The signature is fluid and cursive, written in a professional style.

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